Mississippi Secretary of State

| ADMINISTRATIVE PROCEDURE | S NOTICE FILING | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|--|
| AGENCY NAME | | CONTACT PERSON | | TELEPHONE NUMBER | | | |
| MS Postsecondary Education Financial Assistance Board | | Jennifer Rogers | | 601-432-6791 | | | |
| ADDRESS | | CITY | * | STATE | ZIP | | |
| 3825 Ridgewood Road | | Jackson | | MS | 39211 | | |
| EMAIL | SUBMIT DATE | Name or number of rule(s): Title 10: Educa | | Institutions and | Agencies, Part | | |
| jrogers@mississippi.edu | | | | 673: State Medical Education Forgivable Loan Rules and Regulations | | | |
| Short explanation of rule/amendment regulations for the State Medical Educations for the State Medical Educations for the Specific legal authority authorizing the | ation Forgivable Lo | in (MED) as required by law. | | To promulgate | the rules and | | |
| List all rules repealed, amended, or su | spended by the proj | oosed rule: N/A | | | | | |
| ORAL PROCEEDING: | | | THE PARTY OF THE PARTY OF | | | | |
| X An oral proceeding is scheduled for Room) IHL Executive Office Building, 3 Presently, an oral proceeding is no If an oral proceeding is no If an oral proceeding is not scheduled, an oral pren (10) or more persons. The written requests notice of proposed rule adoption and should incagent or attorney, the name, address, email addressment period, written submissions including ECONOMIC IMPACT STATEMENT: | 825 Ridgewood Rd., t scheduled on this re- roceeding must be held if hould be submitted to the lude the name, address, tress, and telephone num | ule. a written request for an oral procee e agency contact person at the abov email address, and telephone numbe ber of the party or parties you repre | eding is submitte te address within er of the person(sent. At any tim | d by a political subdi twenty (20) days af s) making the reque e within the twenty | ivision, an agency or iter the filing of this st; and, if you are an -five (25) day public | | |
| ECONOMIC IMPACT STATEMENT. | | | | | | | |
| X Economic impact statement not req | uired for this rule. | Concise summary of e | conomic imp | act statement at | ttached. | | |
| | | | | | | | |
| Original filing Action proposRenewal of effectiveness X New rule(s) To be in effect in daysAmend Effective date:RepealImmediately upon filingAdopticOther (specify): Proposed final X 30 days after | | iment to existing rule(s) of existing rule(s) on by reference effective date: | FINAL ACTION ON RULES Date Proposed Rule Filed: Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing Other (specify): | | ges in text | | |
| Printed name and Title of person at | thorized to fileru | as: Jennifor Rogers | T Other | i (spear))i | | | |
| Signature of person authorized to fi | / 1 a | , , | 3/27 | 1,- | | | |
| aignature of person authorized to it | ie rules. | unter Kongra | - Ud 11 | | | | |
| | DO/NOT! | WRITE BELOW THIS LINE | | | | | |
| OFFICIAL FILING STAMP | GT MA | R 2 7 2015 SSISSIPPI ARY OF STATE | OF | FICIAL FILING S | TAMP | | |
| Accepted for filling by Accepted for | | filing by 1 | Accepted for filling by | | | | |
| * | #21130 | | • | | | | |
| The entire text of the Proposed Rule Inc | | | nged is attacl | hed | | | |